# DIVISION OF ADMINISTRATION
# REQUEST TO RECRUIT FOR A VACANT POSITION
## EXCEPT FOR POSITION PENDING REALLOCATION

5-02

| 1. Request No. | 2. Section | 3. Unit | 4. Date Prepared |
|---|---|---|---|
| | | | |

| 5. Address Where Vacancy Is Located (No., Street, City) |
|---|
| |

| 6. Title Of Vacant Position | 7. PCN |
|---|---|
| | |

**8. If this is not a position currently shown as vacant in the "budgeted" portion of you Position Control List, what position do you want to swap it for?**

| PCN | Title |
|---|---|
| | |

| 9. Is this a newly budgeted position | 10. Special Requirements |
|---|---|
| ☐Yes  ☐ No | ☐ Yes  ☐ No  ☐ Other (explain in "remarks" section)  ☐ Shift Work  ☐ Part Time  ☐ Travel (other than local)  ☐ Driving  ☐ Steno  ☐ Typing |

| 11. Date Position Became or Will Become Vacant. | 12. Former Incumbent |
|---|---|
| | |

| 13. YES | NO | REQUESTING | YES | NO | |
|---|---|---|---|---|---|
| | | A. Probational Certificate | | | D. Vacancy Announcement |
| | | B. Promotional Certificate | | | E. Other (Specify) |
| | | C. Job appointment Certificate  How many months? | | | |

| 14. Please Have Certified | Grade (cannot be certified without grade) |
|---|---|
| | |

| 15. YES | NO | DO YOU WANT: |
|---|---|---|
| | | A. A Certificate if # 14 is not within reach? |
| | | B. A Certificate which gives names below # 14? |
| | | C. To review Certificate before inquiries are mailed out? |

| 16. Contact for Interview Appointment | Phone No. |
|---|---|
| | |

Is the position Description (SF3) for this position accurate?
Have the duties of this position been evaluated to determine which are the essential functions? Essential functions are those which are fundamental and not marginal to a job.
Has an evaluation been conducted to assure that the current Fair Labor Standards Act (FLSA) status (exempt/non-exempt) is correct?
The Office of Personnel Services maintains work aides applicable to these questions and also regarding the interviewing process in general. Please contact Carolyn Montgomery if you wish to borrow material of this nature.

REMARKS:

| Section Head | Date |
|---|---|
| | |

| Commissioner's Office Approval | Date |
|---|---|
| | |

Send original and one copy to Personnel.  Section is to retain one copy.